

Health Care Financing Administration
2000 National Customer Service Conference
“Challenges in the New Millennium”

New York Marriott Marquis
New York, New York
August 7-9, 2000

(Please type or print)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Email: _____

Registration Fee = \$150.00 (*includes continental breakfast, lunch and awards banquet.*)

Method of Payment

_____ Visa _____ MasterCard _____ American Express _____ Check

Card Number _____ **Expiration Date** _____

Cardholder (print) _____

Signature _____

Special requirements:

Banquet Meal Selection:

_____ Wheelchair access

Entrée : Chicken

_____ Interpreter

_____ Dietary Meal

_____ Other, *please specify* _____

Please include payment when submitting your completed registration form.